

[CHAPTER NINE]

Quarantine



Health is a continuing property measurable by the individual's ability to rally from insults, whether chemical, physical, infectious, psychological or social.

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You addressed a number of chemical, physical, and psychological insults to individuals with your anticrime agenda. And when you rebuild the American work ethic, you will remedy a social insult afflicting many Americans since 1964. Consider now attending to one infectious insult: *Slim*, caused by the invasion of the Human Immunodeficiency Virus, which in all probability is prevalent at your time.

As living organisms, bacteria and viruses seek always to advance themselves. In my time, there are about twenty-five thousand named diseases of humans and cures for some five thousand of them. Even though medical advances slow and even eradicate a few of history's most virulent infections, new diseases as well as mutated old maladies will continue to afflict humanity until human beings are no more.

The following quotes are excerpted from William H. McNeill's *Plagues and Peoples* (1976) published years before the existence of *Slim* was recognized worldwide.

Disease-producing parasites were quite as successful as people in taking advantage of new opportunities for occupying novel ecological niches that opened up as a result of human actions that distorted natural patterns of plant and animal distribution.

. . . [T]he fate of rabbits in Australia when exposed to an exceedingly virulent new infection may be used to illustrate the manner in which a virus infection acts when it penetrates a new population and then survives to become endemic.

. . . Human efforts to reduce the number of rabbits in Australia took a new turn in 1950 when the virus of myxomatosis (a distant relative of human smallpox) was successfully transferred to the rabbit population of that continent. The initial impact was explosive: in a single season an area as great as all of western Europe was infected. The death rate among rabbits that got the disease in the first year was 99.8 per cent. In the next year, however, the death rate went down to a mere 90 per cent; seven years later mortality among infected rabbits was only 25 per cent. Obviously, very rigorous and rapid selection had occurred among rabbits and among viral strains as well. Samples of the virus derived from wild rabbits became measurably milder in virulence with each successive year.

Whether or not a new disease begins as lethally as myxomatosis did, the process of mutual accommodation between host and parasite is fundamentally the same. A stable new disease pattern can arise only when both parties manage to survive their initial encounter and, by suitable biological and cultural adjustments, arrive at a mutually tolerable arrangement. In all such processes of adjustment bacteria and viruses have the advantage of a much shorter time between generations. . . . [H]istorical experience of later ages suggests that something like 120 to 150 years are needed for human populations to stabilize their response to drastic new infections.

. . . Given the brevity of rabbit generations — observed as six to ten months from birth to parenthood in Australia — this three-year span was equivalent to 90 to 150 years on a human scale, if we calculate a human generation to be 25 years. In other words, comparable generational time may be needed for humans and for rabbits to adjust to an initially lethal new disease.

. . . [T]he period required for medieval European populations to absorb the shock of renewed exposure to [the bubonic] plague seems to have been between 100 and 133 years, i.e.,

about five to six human generations. This closely parallels the time Amerindian and Pacific island populations later needed to make an even more drastic adjustment to altered epidemiological conditions and suggests that, as in the case of Australian rabbits exposed to myxomatosis, 1950–53, there are natural rhythms at work that limit and define the demographic consequences of sudden exposure to initially very lethal infections.

. . . [F]or a new ecological niche, wherever presented, tends to be occupied quickly by whatever organism — human or non-human — thereby multiplies its kind.

. . . *Infectious bacterial and viral diseases that pass directly from human to human with no intermediate host are therefore the diseases of civilization par excellence.* [Emphasis added.]

. . . Sometimes new infections actually manifest their greatest virulence among young adults, owing, some doctors believe, to excessive vigor of this age-group's antibody reactions to the invading disease organism. Population losses within the twenty-to-forty age bracket are obviously far more damaging to society at large than comparably numerous destruction of either the very young or the very old.

. . . The quarantine rules which became general in Christian ports of the Mediterranean in the sixteenth century were therefore well founded.

Politicians and leading scientists at no time disputed McNeill's assertions, yet they never informed the public of the import of this knowledge to their daily lives. People were never told by government officials or medical practitioners that *Slim* would probably destroy Americans for five to six generations. After first denying that the disease existed, they later led the public to believe that a cure was right around the corner. Media attention focused on a cure and life-extending drugs for the afflicted rather than on eliminating the spread of *Slim*. Much ado was made about those infected with the virus who did not develop *Slim*, although McNeill's rabbit-to-human generations anticipated that a virus such as *Slim* would spare 20 per 100,000 infected humans between the years 1980 and 2017, 10,000 per 100,000 between 2018 and 2054, and 25,000 per 100,000 between 2055 and 2091.

The tenth-generation scientific research community in the United States had no world peers. Federal funding exploded to seek a cure: money came from deficit spending and from rerouting research monies from such other catastrophic illnesses as cancer and heart disease. Backed by this unprecedented amount of federal spending for a single disease, the nation's most impressive scientists concentrated on a cure for *Slim*. Knowledgeable, but easily intimidated, politicians from the same tenth generation allowed *Slim* to kill hemophiliacs and other innocents through contaminated blood supplies and inadvertent infections rather than invoke quarantine.

America was misled, Mr. President. Citizens were not given a choice between a possible 125-year plague or containment by quarantine. After the realization of *Slim's* epidemic propensities, the word *quarantine* was avoided; it became an epithet without equal to homosexuals in America. Further, Congress enacted federal laws to prevent the dissemination of blood test results identifying the carriers of *Slim*. *Slim* privacy was paramount.

MEN and women with homosexual preferences are among the most industrious and productive members of any civilization. Not rooted in genes, homosexuality stems from child-rearing practices, primarily those of dominant mothers.

Freedom from behavioral restraints, instant gratification, and blatant homosexuality are part and parcel of the final two generations in each of history's ten-generation epochs, the Age of Decadence. Ancient Greece and Rome are two among many examples, and love between men flourished as a respected Japanese subculture during the fifty years prior to 1868.

Penis-to-rectum-to-prostate sex produced the highest ratios of those acquiring *Slim*. The sharing of contaminated needles among illegal drug users took second place. A sizable number of needle-sharers were members of America's derelict destitute. This wretched collection of men and women, referred to as "homeless," was fawned over by the media and politicians alike. Good-hearted citizens gave these vagrants food, clothing, and money, much of which was spent on alcohol and illegal drugs, thus perpetuating the cycle.

Unwritten laws were sanctioned on their behalf. In many cities, drifters urinated, defecated, and slept on public sidewalks, and vagrants could curse and accost and expose their genitals to passers-by. These actions became idiosyncratic “rights” for the homeless. Some city governments attacked the problem by requiring business owners to clean public areas adjacent to their property of the feces and other litter left by the homeless.

In America’s largest cities, *Slim* was rampant among the homeless. Politicians decided that the prevention of *Slim* among the hopeless merited government intervention. Federal and state money paid for booklets describing the danger of acquiring *Slim* through shared needles. Derelicts received new needles and syringes in return for used ones. “Watchers” were employed to make periodic checks to ensure that illegal drugs were injected using new needles and syringes, without sharing. This work involved administration, supervision, salaries, and related costs.

Sex among the homeless also engaged the attention of politicians, since more people still acquired *Slim* through copulation than through drug use. Condoms joined booklets and new needles and syringes as free aids distributed to prevent *Slim*. Watchers could watch but not act when members of this sad group coupled. Sometimes condoms were used, sometimes not. As many homeless copulated while dazed from drugs or alcohol, a condom, if used, often was affixed haphazardly or came off entirely.

Politicians held discussions to address the “condom problem.” The assignment of “minders,” one to each homeless person, was advocated. Minders were first popularized in England, where they are assigned, one per unmanageable student, to alleviate behavioral problems in the national education system. As each homeless person would have a personal minder at all times to mind his behavior, watchers would no longer be needed, or so went the logic. Minders could be hired from the ranks of those on welfare, converting them to workfare. This could provide jobs for three people, each working an eight-hour shift per derelict. However, the political fear that former welfare recipients might contract *Slim* from the homeless was enough to place that political plum on hold.

Close to the end of each civilization’s ten-generation cycle, homosexuals are persecuted, as are other nonconformist minorities,

usually the extremes of those most successful and those least industrious. The maiming and killing of homosexuals and the homeless in the early twenty-first century were fragments of the rabid violent crime that you inherited and ended.

At the time of your presidency, the general population will be solidly against growth in the ranks of the homeless and the practice of homosexuality. Homosexuals, both men and women, will no longer be a dominant force in American society. Beginning with your presidency and for the next eight generations, most homosexuals will retreat to the closet of marriage and procreation. But their legacy, *Slim*, will remain.

Determine the carriers of *Slim* through nationwide blood testing. Then invoke quarantine. Testing will surface myriad other maladies, from diabetes to sexually transmitted diseases, many of which can be treated immediately and successfully. Use this information to establish a permanent DNA file for each American. This data may be helpful when new or mutated bacteria and viruses find contemporary niches in American bodies. Implementation, follow-through, and quarantine decisions can be administered by the Internal Revenue Service. Make this agency the repository of America's DNA file. The health of the citizenry may benefit from, and you will find a multitude of other uses for, such a computerized file.

Two quarantine locations are sufficient: one for behavior-caused *Slim* and one for all others. Contain *Slim* by periodically retesting all individuals in America at six-month intervals, thus saving numerous lives. Provide compassionate accommodation and professional, life-extending treatment for all the afflicted. Quarantine will control America's problem. (Since *Slim* could be a serious problem outside the United States, encourage nongovernment, private, charitable funding for American scientists searching for a cure.)

Mr. President, thoughts of quarantine to contain *Slim* are in the minds of many citizens in my time but are never given voice. Every current member of the U.S. House of Representatives and the U.S. Senate along with the president of the United States dread the homosexual community's wrath regarding quarantine more than they fear *Slim* itself. Not you.